Missouri Enhanced Sampling Program (ESP)
HEADER SHEET
(Missouri Format)

INSTRUCTIONS

- Type or print information legibly

- Complete **one cover sheet for each company's data submitted.**

- Data element definitions and specifications are found in the *"Missouri Enhanced Sampling Program (ESP) User's Guide."* ALL <u>dates</u> are in CCYYMMDD format. E.g., 20010531.

- Mail completed form to: Department of Revenue
  Division of Motor Vehicle & Drivers Licensing
  ATTN: Enhanced Sampling Program
  P. O. Box 3366
  Jefferson City, MO 65105

INSURANCE COMPANY INFORMATION

Insurance Company Name (As shown in the NAIC table.)	**1. NAIC Number** (NAIC table)

2. Insurance Company Address (25 A/N)

3. Insurance Company Address (25 A/N)

4. City (25 A/N)	**5. State** (2 A)	**6. Zip Code** (9 N)

REPORTING DATES

7. Beginning Reporting Period	**8. Ending Reporting Period**	**9. Transmission Date**

SUBMISSION INFORMATION

10. Number of data sheets submitted (no more than 100 policies)	**11. Date Mailed**

CONTACT INFORMATION

13. Contact Person's Name	**14. Position**

15. Telephone Number ( ) --	**16. E-Mail Address**	**17. FAX Number** ( ) --

RESERVED FOR STATE USE

Date Received	**Date Processed**	**Processing Code**

Number Processed	**Number of Sheets in Error (see returned sheets)**

Missouri Enhanced Sampling Program (ESP)
DATA SHEET
(Missouri Format)

INSTRUCTIONS

- Type or print information legibly

- Complete **one sheet for each insured vehicle submitted.**

- Data element definitions and specifications are found in the *"Missouri Enhanced Sampling Program (ESP) User's Guide."* ALL <u>dates</u> are in CCYYMMDD format. E.g., 20010531.

- Mail completed form to: Department of Revenue
  Division of Motor Vehicle & Drivers Licensing
  ATTN: Enhanced Sampling Program
  P. O. Box 3366
  Jefferson City, MO 65105

INSURANCE COMPANY INFORMATION

Insurance Company Name (As shown in the NAIC table.)	1. NAIC Number (NAIC table)

REPORTING DATES

2. Beginning Reporting Period	3. Ending Reporting Period	4. Transmission Date

POLICY INFORMATION

5. Policy Number (25 A/N)	6. Effective Date	7. Termination Date

VEHICLE INFORMATION

8. Vehicle Make (From table)	9. Vehicle Year (CCYY)	10. Vehicle Id. Number (VIN) (26 A/N)

POLICY OWNER INFORMATION

11. Date of Birth	12. Last Name (25 A/N)	
13. First Name (15 A/N)	14. Middle Name (12 A/N)	15. Suffix (3 A/N)

16. Address 1 (30 A/N)

17. Address 2 (30 A/N)

18. City (20 A/N)	19. State (2A)	20. Zip Code (5 or 9 N)
21. DL Sate. (2A) / 22. Driver's License No. (25 A/N)		23. SSN (9 N)

(Form DOR-XXX)   (Rev. 12/2000)